wanting, and the local disease is more or less completely masked by the secondary toxæmic and neurasthenic phenomena, which cannot be successfully treated without removing the primary cause. More commonly, however, the gastric symptoms are not so latent. Intestinal symptoms are much more likely to be overlooked. The neurasthenic symptoms in intestinal disease vary greatly. General fatigue sensations are quite common. These may be mild and limited to a feeling of lassitude, with inordinate fatigue on slight exertion. In severer cases the various grades of neurasthenic pains are manifested sometimes in very aggravated forms. These pains may overshadow everything else and rack the patient's nervous system day and night, with disastrous results upon both the nerves and general nutrition. Incapacity for sustained mental effort may be shown in various degrees. This may be the result of vasomotor disturbances of the cerebal cortex, histochemical changes of the cortical cells, or the direct action of toxins. General sensory disturbances are very frequent. Paræsthesia and pruritis are the most commonly met forms. These paræsthesiæ generally occur in distinct episodes, lasting from a few days to a few weeks. Exhausting insomnia is among their effects, as the exacerbations are mostly nocturnal. Vertigo is very troublesome in some cases. It occurs in paroxysms during the height of digestion, or when the stomach is empty. In others it occurs whenever the patient shifts from the recumbent to the erect posture or vice versa. Muscular weakness is very frequent as a neurasthenic symptom, independently of the weakness expressive of the general debility from inanition present in aggravated cases of gastro-intestinal disease. The mental state tends toward depression. The digestive apparatus suffers like all other parts of the organism from lowered nerve function and thus it happens that in a large number of dyspeptics the gastro-enteric disease is primarily neurasthenic, but rapidly becomes more than this. The reason is that secretion and motility, the principal factors in primary digestion, are dependent upon nerve force. The vigilant germ is ever ready to seize upon the remnants of retarded digestion, producing gases and toxins, which by chemical and mechanical irritation still further impair secretion and motility, thus ever working in a vicious circle.

FREEMAN.

263. UEBER DAS "INTERMITTIRENDE HINKEN" UND ANDERE NERVOESE STOERUNGEN IN FOLGE VON GEFAESSERKRANKUNGEN (Concerning the Intermittent Lameness and Other Nervous Disturbances Resulting from Vascular Diseases). W. Erb (Deutsche Zeitschrift für Nervenheilkunde, 13, 1898, p. 1).

Erb reports a number of cases of this affection which was made well known under the title of intermittent claudication by the writings of Charcot. The literature is thoroughly reviewed. The condition in animals was recognized some years before Charcot reported a case in man.

Erb, with his assistants, has examined more than seven hundred cases, in order to determine the frequency of the absence of the pulse in the foot. He has found that at every age and in both sexes, when arteriosclerosis in a marked degree, cardiac trouble, or anomalies of the skin, do not exist, the pulsation of the foot arteries is present almost without exception, and its absence must be regarded as pathological.

Arteriosclerosis of the arteries of the foot with absence of every detectable pulsation may occur, without any indication of the intermittent lameness, nervous or vascular disturbances, or gangrene. In such cases, however, the circulation must be sufficient for the needs of the part.

Intermittent lameness may exist without absence of the pulse in any of the arteries of the foot and without distinct evidence of arteriosclerosis. Arteriosclerosis of the deeper vessels or temporary vasomotor disturbance may be the cause of this lameness in such cases.

Purely mechanical, anatomical changes are not sufficient to explain the condition of intermittent lameness, but functional changes in the vessels are necessary.

The affection is usually of gradual development, and not infrequently at first is unilateral, but may be bilateral. Sensory disturbances, usually after walking or even during rest, are the first symptoms. These consist of a creeping or tickling sensation with a feeling of tension, coldness, sometimes of heat, more rarely pain in the feet and calves of the legs. Circulatory disturbances are generally early signs, and the feet are often blue and cold, especially when pendent or after walking. Motor weakness after use of the lower limbs, with spasm of the foot and calf muscles, manifests itself within a short time. The clinical picture is not always the same; sometimes the sensory disturbances, sometimes the vasomotor, sometimes the spasms are more pronounced, but the essential features of the disease are always present. The patient is entirely, or almost entirely, well during repose and when he begins to walk, but after walking a little distance the symptoms appear and he is obliged to rest a short time until his normal condition is restored. The arteries of the foot are found to be more or less diseased, and not infrequently pulsation is absent; in some cases the large arteries of the lower limbs are also sclerotic.

The intermittent lameness should be regarded as a danger signal of gangrene.

In the few anatomical investigations which have been made obliterating arteritis and chronic phlebitis have been found, and in some instances secondary changes in the nerves, muscles, skin, joints and bones.

The causes of intermittent lameness are those of arteriosclerosis, especially tobacco when used to excess, syphilis and extreme cold. Erb says there can be no doubt that excessive use of tobacco leads to arteriosclerosis, contracted kidneys, degeneration of the cardiac muscle, angina pectoris, etc.

The diagnosis usually is easy.

In the treatment all causes of arteriosclerosis should be removed, and energetic use of cold and hot water, mustard, vigorous massage, excessive movements of the lower limbs, tight bands, etc., are to be avoided. Articles of diet, such as strong coffee and tea, which affect the vasomotor system; drugs such as ergot and digitalis, which act on the vessels, must be forbidden. The feet and legs must be kept warm. Iodide of potassium should be given for the arteriosclerosis, and warm applications, and especially the galvanic (not the faradic) current, in the form of the galvanic footbath, should be employed to enlarge the vessels. Cardiac tonics which increase the blood pressure are desirable, and strophanthus is preferable to digitalis. Antipyrin or phenacetin may be used for the pain. Rest is of great importance, and every wound of the feet must be carefully attended to.

Erb suggests the name of dysbasia intermittens angiosclerotica for this affection. SPILLER.

264. ACUTE ENDARTERITIC MYELOPATHY.

Under the above title, Biernacki (Deutsche Zeits. f. Nerv., April 30, 1897) describes three cases of spinal cord disease that in course